MISHAP/INJURY REPORT

INSTRUCTIONS: Verbal notification of all mishaps must be reported to the NAVOSH/Safety Department immediately. This form will be completed in duplicate by the injured parties immediate supervisor. The original shall be forwarded to the Safety Department within six working days and the copy forwarded to the department head via chain of command. Contact the Safety Office at 361-961-3215 if you have any questions about completing this form.

NAME OF INJURED PERSON

DIRECTORATE/DEPARTMENT	RATE/RANK	NEC/NOBC	WORK NUMBER

AGE	SEX	D.O.B.	JOB TITLE	DUTY STATUS ON OFF

EMPLOYMENT STATUS (CIRCLE ONE)

USN USNR DOD CIVILIAN DEPENDENT OTHER

MARRIED: YES NO

NUMBER OF DEPENDENTS:

DATE OF INJURY	TIME OF INJURY	EST DATE RETURN TO WORK	EXPERIENCE AT JOB
_____/_____/_____ (YY) (MM) (DD)	(Military)	_____/_____/_____ (YY) (MM) (DD)	Years_____ Months____

JOB OR ACTIVITY ENGAGED IN AT TIME OF MISHAP:

MEDICAL DIAGNOSIS: (Include part of body and type of injury)

PRIMARY CAUSE OF MISHAP: (Personal error, material failure, poor housekeeping, defective design or other) (SPECIFY)

DESCRIBE IN DETAIL WHAT HAPPENED: (USE EXTRA PAPER IF NECESSARY)

CORRECTIVE ACTION/LESSONS LEARNED:

NOTE: If available, attach employee/witness statements to report for use by the mishap investigator.

Statements attached: YES _____ NO _____

Does your knowledge about the facts of the injury agree with the statements of the employee and/or witnesses? YES _____ NO _____ if no explain. Use separate sheet if necessary.

(Circle if applicable) Light Duty Available

Printed name of supervisor _____

Signature of supervisor _____ Date _____

To be completed by the NAVOSH/Safety Department: For official use only

_____ Number of days restricted (light duty) work beyond date of injury.
_____ No lost time. No medical expenses incurred/expected.
_____ No lost time. Medical expenses incurred/expected.
_____ Number of lost work days. MSR Number _____

BBP Information:
Type of Instrument _____ Manufacture _____

Needle Gage _____ Patient seen by OHN: YES NO

VEHICULAR ACCIDENTS

DATE/TIME OF ACCIDENT	LOCATION OF ACCIDENT			
CITY	STATE	COUNTY/PARISH		
TYPE OF VEHICLE	MAKE	MODEL	YEAR	SEAT BELT WORN YES NO
ROAD CONDITIONS: (Circle) GOOD FAIR POOR WET DRY		WEATHER CONDITIONS: (Circle) CLEAR SUNNY CLOUDY RAINY		

PRIVACY ACT STATEMENT

1. Authority: 5 U.S.C. Sec. 301; 44 U.S.C. Sec 3101; (Executive Order 3937-SSN)
2. Personnel information is obtained from personnel files for safety investigation purposes.
3. Routine Uses: Information obtained is used for general use mishap investigation reporting for statistical purposes and to aid in preventing other similar mishaps.
4. Within DOD all information provided will be used only for safety purposes. It is further understood, however, that the information contained in this report may be released in response to a Freedom of Information Act requestor in accordance with Occupational Safety and Health Program or Department of Labor regulations.
5. Information provided shall not be used:
   (a) As evidence, or to obtain evidence to determine misconduct or line of duty status of killed or injured personnel.
   (b) As evidence to assert affirmative claims on behalf of the government.
   (c) As evidence before administrative boards or bodies.
   (d) In any punitive or administrative action taken by the Department of the Navy.
   (e) As evidence to determine the liability of the Government for property damages.

COMMENTS: (Conflicting statements, etc.)